

USER'S AGREEMENT FOR CAMP HANCOCK STATE HISTORIC SITE

N C 14i				
Name of user and time of rental				
Address				
City		State	Zip Code	
Contact Person Email Address		Telephone		
Date(s) Requested	Γime(s) Requested			
Bread of Life Church (\$35 per hour) Wedding Other Camp Hancock Yard (\$75.00 for 4 hours)	After Public Hours Area(s) Museum (\$35 per hour) Number of People	RoomArrangement U-Shape T-Shape Theater Classroom Conference Banquet Other Room Fees		
The following equipment is available for use on a first-come, first-serve 8 cup coffee maker (cups and coffee not supplied) Fan's Extension cord(s) Four foot tables, 4 available	d basis:			
Tour root tables, a available		Equip	ment Fees	
Please make checks payable to the <i>State</i> State agencies will be inter-Departmental Billed (II			Total Amount Due	
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I have read this agreement and agree to follow the <i>Facilities at Camp Hancock State Historic Site</i> , State hereby made a part of this agreement.	<u>-</u>		· ·	
Signature of Representative of Organization	State Agency Department	t Number	Date	
Signature of Visitor Services Coordinator			Date	

Please return payment with this signed agreement to: